US Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E	elus de					
1 File Number U 63/2				2 Fiscal Year Covered From 1		
3 Name and address of person filing				4 Name file number and address of labor organization		
Name	Francis	Bellow JR		Name Laborers Local 207		
	Prancis	Bellow ox		Labor Organization File Number 050 955		
PO Box Bldg Room No If any P O Box 3715				P O Box Building and Room Number if any P O Box 3715		
Street	1300 3rd ST			Street 1300 3rd ST		
City	Lake Charles	······································		City Lake Charles		
State	Louisiana	ZIP Code + 4 70	0604 3715	State Louisiana ZIP Code + 4 70602 3715		
5 Positi	on in labor organization					
			·			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent						
6 Name and address of Employer (including trade name if any)				7 a Nature of Interest Transaction or Income		
Name				□		
Trade	Name if any					
POB	ox Bldg Room No +f any		<u> </u>	¬		
	ox diag recommo "a dily			7 b Amount		
Street						
City						
State		ZIP Code + 4				
	Signature					
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)						
Sign	- Francis (Belloup	 	on 8-15-05 337-439-2702		
I		1/		Date Telephone Number		

Name of Person Filing Francis Belloe JR	File Number U				
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name if any) Name South Central Laborers Training Fund Trade Name if any P O Box Bldg Room No if any P>O> Box 376 Street City Livonia State Louisiana ZiP Code + 4 70755	9 Business deals with				
10 if 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any	11 a Nature of such dealing Provides training for LIUNA members				
Street City State ZIP Code + 4	11 b Approximate dollar value of such dealing \$15 951 12 a Nature of interest held or income received 4/15/2004 Board meeting meal/conference exp and Crawfish Boil Bator Rouge LA				
	12 b Amount \$77				
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment				